

CERTIFICATE OF FACSIMILE TRANSMISSION 37 C.F.R. 1.8(a)

I hereby certify that this correspondence is being transmitted to Examiner Jason M. Greene, Art Unit 1724 of the U.S. Patent and Trademark Office via facsimile number (703) 872-9310 on August 5, 2003.

Dated: August 5, 2003

Daphne A. Ward
Daphne A. Ward

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF: **Piere J. ARQUIN *et al.***

APPLICATION NO.: 09/614,649

FILED: July 12, 2000

FOR: **GAS PURIFICATION SYSTEM WITH AN
INTEGRATED HYDROGEN SORPTION
AND FILTER ASSEMBLY**

EXAMINER: Jason M. Greene

ART UNIT: 1724

CONF. NO: 2141

ATTY. DKT. NO.: 59489-8022.US01

Mail Stop No Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

TRANSMITTAL

- ☒ Transmitted herewith are the following documents for the above-referenced application:
- ☒ Amendment and Remarks

STATUS

- ☒ Applicant is
- ☒ other than a small entity.

EXTENSION OF TIME

- ☐ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input checked="" type="checkbox"/>	two months	\$ 410.00	\$205.00

- ☒ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Attorney Docket No. 59489-8022.US01

FEE FOR CLAIMS

☒ If an additional extension of time is required please consider this a petition therefor.

☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☒ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

							OTHER THAN A SMALL ENTITY	
(Col. 1)			(Col. 2)		(Col. 3)	SMALL ENTITY	OR	
Claims Remaining After Amendment			Highest No. Previously Paid For	Percent Extra	Rate	Addl Fee		Addl Fee
Total *	17	Minus *0*	20	- 0	x9=	\$ 0.00		x18= \$ 0.00
Indep. *	2	Minus *0*	3	= 0	x42=	\$ 0.00		x84= \$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+140=	\$ 0.00		x280= \$ 0.00
					TOTAL ADDIT. FEE	\$ 0.00	OR	TOTAL ADDIT. FEE \$ 0.00

☒ No additional fee for claims required.

☐ Total additional fee for claims required \$ _____.

FEE PAYMENT

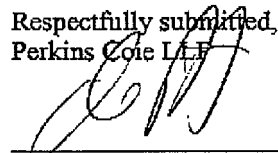
☐ Attached is a check in the sum of \$ _____.

☒ Charge Account No. 50-2283 the sum of \$ 410.00.

FEE DEFICIENCY

☒ In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2283.

Respectfully submitted,
Perkins Coie LLP



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Registration No. 50,213

Date: August 5, 2003

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